

2011

Scaling up the integration of tuberculosis screening into reproductive health services

APHIA II OR Project in Kenya

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh

 Part of the [Demography, Population, and Ecology Commons](#), [Family, Life Course, and Society Commons](#), [Health Policy Commons](#), [International Public Health Commons](#), [Medicine and Health Commons](#), and the [Women's Health Commons](#)

Recommended Citation

"Scaling up the integration of tuberculosis screening into reproductive health services," APHIA II Operations Research Project in Kenya Policy Brief. Nairobi: Population Council, 2011.

This Brief is brought to you for free and open access by the Population Council.

Scaling up the integration of tuberculosis screening into reproductive health services

As tuberculosis persists in Kenya, integration of screening and referrals within postnatal care services will increase case detection and treatment for those infected. Strong linkages between health services, training and supervision, and simple provider tools will optimize delivery of integrated TB services.

The Issue

Kenya has been named a high burden with rates of tuberculosis, a highly-infectious respiratory infection, as high as 132,000 in 2007 and a prevalence rate of 319 per 100,000 people¹. The National Division of Leprosy, TB & Lung Disease (DLTLD) currently assists the country in reaching national and global screening and treatment targets, emphasizing the ill-effects of multi-drug resistant TB and the high rates of co-infection with HIV/AIDS. Case finding and treatment of TB cases are already well integrated into HIV services yet there continued opportunity to integrate TB screening into other health services remains.

Current practices and policies

DLTLD is looking for acceptable and effective models for integration of TB screening and treatment into maternal child health (MCH) services and well-child clinics. Population Council has set the stage for promotion of TB within Kenya's focused antenatal care package, increasing the number of women screened from 7,993 to 11,418 in six facilities over one year's time². Yet, gaps persist in TB case detection and treatment services, particularly for HIV-positive mothers and their babies who are at increased risk of infection³.

What the research says

APHIA II Operations Research (OR) and Kenya's Ministry of Health implemented a pilot project in five facilities across Nairobi Province in 2010 with the aim of improving access to care and treatment for TB for women during postnatal care (PNC) services. Activities included:

- Developing provider a screening tool and job aides
- Developing a module for TB integration into PNC
- Training service providers
- Reorganizing client flow with health clinics to facilitate easier access to services.

Between March 2009 and August 2010, the proportion of PNC clients screened for at least one cardinal sign of TB went from 4% to 66%, and 21% of clients were screened for all six tracer signs and symptoms (see box). Among the 12,604 PNC clients screened for TB, 15 were suspected to have TB and 14 TB cases were diagnosed. This is a prevalence rate of 95 per 100,000 PNC clients, a rate similar to DLTLD's 2009 estimate of 95 per 100,000 sputum smear positive population⁴.

A national dissemination meeting was convened in March 2011, where national and international experts and researchers from the fields of tuberculosis and reproductive health gathered to discuss the intervention and its implications. Together, this group reviewed the program and framed the way forward to scaling this program up to national scale.

Screening Questions

1. Have you had a persistent cough for more than two weeks?
2. Have you experienced excessive sweating or fever at night?
3. Have you lost any weight?
4. Do you have any chest pain?
5. Have you been in contact with anyone who has TB?
6. Do you have any swollen glands?

The way forward

Integrate tuberculosis screening in RH and MCH services

Postnatal care is clearly a suitable platform for TB screening, making services available to women and children visiting health facilities and readily providing referrals for case detection and treatment. In this research, the definition of PNC was limited to services available to mothers during the postpartum period, yet the opportunity to screen all women bringing newborns and children in for well-child checks, immunizations, or other MCH services is broad, making the argument for TB integration in all RH and MCH services.

Simplify TB screening and monitoring tools

Minimal input is actually needed for integration of TB services, and postnatal care providers are already administering these services as part of their daily routine. Yet, providers are overwhelmed with activities and guidelines already request provision of services ranging from nutrition to HIV counseling and testing during this postnatal period. In order to properly scale up TB screening and referrals, effective tools need to be simplified and made available. DLTLD, DRH and other partners have committed to modifying the TB screening tool to include no more than three sensitive tracer conditions for TB (compared to six used in the pilot intervention). PNC registers will also be modified to accommodate regular and systemized data collection and monitoring.

Strengthen linkages between TB and other services

In order to fully benefit from the integration, linkages between postnatal care (and other MCH) services and TB services must be optimized. DLTLD's existing TB services are very strong, with operations across the country and screening, case-finding, and treatment activities making great strides in decreasing national rates of TB. Strengthening the referral chain between PNC and TB services will strengthen services, referring more clients and allowing for additional contact tracing. Documentation of this referral chain will be pertinent for continued success. It will give providers an idea of whether clients are receiving the necessary care and how the referral process is working.

Support staff through process of integration

Supervision and support for providers during implementation of the new services is important. Workshops and refresher training courses can serve to remind PNC providers of the importance of TB screening, despite the potentially low rate of suspected cases identified. Service roll-out should consider the amenities at each individual facility, recognizing the level of staffing and the infrastructure when framing the most workable scale-up plan and working closely and actively with staff to support and manage this change.

Integration of TB screening is likely to be scaled up throughout PNC and MCH services in Kenya. With provider training, strengthened linkages and improved infrastructure, Kenya's public health sector has already demonstrated great success in addressing this national issue and can continue their strong collaboration towards improved TB care with integration into RH services.

¹ World Health Organization. 2009. Global Tuberculosis Control-Epidemiology, Strategy, Financing.

² Mwangi A, Waswa D, Warren C. "Integrating tuberculosis case finding and treatment into focused antenatal care in Kenya." April 2008. Nairobi: Frontiers/Population Council.

³ National AIDS and STI Control Programme, Ministry of Health, Kenya. July 2008. *Kenya AIDS Indicator Survey 2007: Preliminary Report*. Nairobi, Kenya.

⁴ Republic of Kenya Ministry of Health/ Division of Leprosy TB & Lung Disease (DLTLD). 2009. DLTLD Annual Report 2009. Nairobi: MOH.